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FEC
FORM 3XREPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

COALITION FOR STATE AND AFFORDABLE HEALTH CARE

ADDRESS (number and street)

1164 W HOSPITALITY LANE SUITE 12B

Check if different
than previously
reported. (ACC)

SAN BERNARDINO CA 92408-3328

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00418392

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)

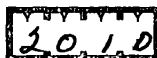


Special (30S)

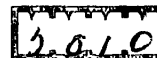
Election on

in the
State of

5. Covering Period



through



I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DEBORAH RUTH HAGAR

Signature of Treasurer

Deborah Ruth Hagar

Date



NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
OnlyFEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

Report Covering the Period:

From:

10 / 01 / 2010

To:

11 / 22 / 2010

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand
January 1,

3010

389.11

(b) Cash on Hand at
Beginning of Reporting Period.....

299.11

(c) Total Receipts (from Line 19)

0

0

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

299.11

389.11

7. Total Disbursements (from Line 31).....

2000

11000

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

299.11

299.11

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

500000



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

10030500918

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

Report Covering the Period:

From:

MM / DD / YYYY
1.0 / 0.1 / 2010

To:

MM / DD / YYYY
1.1 / 2.1 / 2010

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

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DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:

(a) Allocated Federal/Non-Federal Activity (from Schedule H4)

(i) Federal Share

(ii) Non-Federal Share

(b) Other Federal Operating Expenditures

(c) Total Operating Expenditures

(add 21(a)(i), (a)(ii), and (b))

22. Transfers to Affiliated/Other Party

Committees

23. Contributions to Federal Candidates/Committees and Other Political Committees

24. Independent Expenditures

(use Schedule E)

25. Coordinated Party Expenditures

(2 U.S.C. §441a(d))

(use Schedule F)

26. Loan Repayments Made

27. Loans Made

28. Refunds of Contributions To:

(a) Individuals/Persons Other Than Political Committees

(b) Political Party Committees

(c) Other Political Committees

(such as PACs)

(d) Total Contribution Refunds

(add Lines 28(a), (b), and (c))

29. Other Disbursements

30. Federal Election Activity (2 U.S.C. §431(20))

(a) Allocated Federal Election Activity

(from Schedule H6)

(i) Federal Share

(ii) "Levin" Share

(b) Federal Election Activity Paid Entirely

With Federal Funds

(c) Total Federal Election Activity (add ..

Lines 30(a)(i), 30(a)(ii) and 30(b))

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

32. Total Federal Disbursements

(subtract Line 21(a)(ii) and Line 30(a)(ii)

from Line 31)

2000

11000

0

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2000

11000

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2000

11000

2000

11000

2000

11000

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0	0
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	20.00	110.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	20.00	110.00

10030500921

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE **6** OF **7**
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

LOAN SOURCE Full Name (Last, First, Middle Initial)

DEBORAH HAGAR

Mailing Address

164 W HOSPITALITY LANE, SUITE 1B

City **SAN BERNARDINO** State **CA** ZIP Code **92408**

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

ADVOCACY

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5,000.00

0

5,000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

01

5.00%

1.1

3.1

20.10

0 % (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

5,000.00

TOTALS This Period (last page in this line only) ▶

5,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE H4 (FEC Form 3X)

**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 7 OF 7
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

A. Full Name (Last, First, Middle Initial)

WELLS FARGO BANK

Mailing Address

334 W 3RD STREET

City

SAN BERNARDINO, CA

State

Zip Code

92401

Purpose of Disbursement:

BANKING FEES

Activity or Event Identifier:

0.01

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

110.00

Date

11

15

2010

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

20.00

0

20.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

20.00

0

20.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

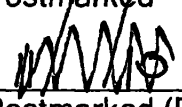

20.00

0

20.00

10030500923

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	11/30/00 DATE PREPARED

PREPARER
(3/2005)

DATE PREPARED

10030500924